UNEMPLOYMENT INSURANCE DIVISION
APPLICATION FOR BENEFITS

Claim Date:

Social Security Number:

First MI Last Name

NOTICE TO EMPLOYER: The individual named above has filed a claim for unemployment benefits against the State of Delaware. As the last employer, you are entitled to notification of this filing and to provide information concerning the reason for separation. Please complete this form and include facts known to you which may affect this claimant's eligibility for benefits. Failure to return this separation notice within 7 **calendar days** may cause the Department to declare the claimant eligible for benefits on the basis of available information and your employer account may receive a benefit wage charge. As provided under Delaware State Law and regulation, failure to return this request within the prescribed period will bar the employer from subsequently claiming that the individual should be disqualified under any section of Title 19. Benefits will be paid promptly when due, even though an appeal may be filed. *If you desire an appointment to appear in person or have any questions, please contact the appropriate Local Office. (All area codes are 302, (1) Wilmington - 761-8446; (2) Newark - 368-6602; (4) Dover - 739-5461; (7) Georgetown - 856-5611; or (0) Interstate - 761-8428).*

Last Employer:

Street Address:

Employer's Phone Number: ( )

City: State: Zip Code

Will you be recalled? ☐ Yes (1) ☐ No (2)

Date of Recall: / /

Last period of employment:

From: / / To: / /

Are you employed through a Union Hiring Hall? ☐ Yes (1) ☐ No (2)

File Date:

Clerk | Office

I am unemployed because:

In accordance with the applicable provisions of the Privacy Act (PL 93-579), I AUTHORIZE my former employer(s) to release all information requested in connection with my claim for unemployment compensation.

Signature Date

SEPARATION INFORMATION

REASON FOR SEPARATION (Check One):

☐ Lack of Work ☐ Discharge ☐ Voluntary Quit ☐ Illness/Disability/Injury ☐ Other (specify): _____

Give full details of other than "Lack of Work": _____

Last Date of Actual Employment: _____

Type of Separation: ☐ Permanent ☐ Temporary

Expected Date of Rehire: _____

Has this person received (or is entitled to receive) any of the following:

	Yes	No	Dates From:	Dates To:	Gross Amount
Holiday Pay					$
Vacation Pay					$
Severence Pay					$
Pension					$

TEMPORARY AGENCY EMPLOYERS ONLY

Did you advise the above named employee of the requirement to contact your agency at the end of every assignment? ☐ Yes ☐ No

Did this employee contact you? ☐ Yes ☐ No

How was the contact made? ☐ Phone ☐ In Person ☐ _____

Who did this employee contact? (Name and/or Title)

Was there any work available? ☐ Yes ☐ No

Please provide the following information:

Company Telephone Number: _____

Contact Person (please print): _____

Company Address (if different than above): _____

Employer Representative Signature: _____ Date: _____

Title: _____